MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/				51							
2		/		/			52							
3		/					53							
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6		/		/			56							
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48							98							
49							99							
50							100							
TOTAL IND.		↓	2	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.		←	9	←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS			11				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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